U.S. Department of Labor
-- Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| pin and the | |
|---|--|
| 1. File Number U - 12565 | 2. Fiscal Year Covered From: |
| | 1 / 1 / 2004 Through: 12 / 31 / 2004 |
| 3. Name and address of person filing. | 4. Name, file number, and address of labor organization |
| Name Joseph Wojciechowski | Name Teamsters Local 812 IBT |
| | Labor Organization File Number 001-620 |
| P.O. Box, Bldg., Room No., if any | P.O. Box, Building and Room Number, if any |
| Street 200 Summerfield Street | Street 200 Summerfield Street |
| City Scarsdale | City Scarsdale |
| State New York ZIP Code + 4 10583 | State New York ZIP Code + 4 10583 |
| 5. Position in labor organization. President | |
| Enter appropriate data below if, during the past fiscal year, you or your spo {except as specified in the exclusion and interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations. | derived income or other economic benefit of |
| Name and address of Employer (including trade name, if any). | 7.a. Nature of Interest, Transaction, or Income. |
| Name | |
| Trade Name, if any: | |
| P.O. Box, Bldg., Room No., if any | |
| | 7.b. Amount. |
| Street | |
| City | |
| State ZIP Code + 4 | |
| Sign | nature |
| 15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se | ring documents), has been examined by the signatory and is, to the best of the |
| Signed | On 8/15/2005 914 472 5800 |
| | Date Telephone Number |

| Name of Person Filing Joseph Wojciechowski | File Number U- | | |
|--|---|------|--|
| B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. | | | |
| 8. Name and address of Business (including trade name, if any). Name Amalgamated Bank of New York. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 15 Union Square City New York State New York ZIP Ccde + 4 10003 | 9. Business deals with: a. Labor Organization b. Trust c. Employer | | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealing. Provides banking services | | |
| Name Local 812 Healthn Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 202 Summerfield Street City Scarsdale State New York ZIP Code + 4 10583 | 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Joseph Wojciechowski was provided 7/27/2004 to discuss Fund banking | | |
| | of which is 12.b. Amount. | \$38 | |
| C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money | er parts A and B above) or other thing of value. | | |
| 13.a. Name and address of Employer or Labor Relations Consultant | 14.a. Nature of payment. | 1 | |
| (including trade name, if any). | | } | |
| Name | | | |
| Trade Name, if any: | | | |
| P.O. Box, Bldg., Room No., if any Street City | | | |
| State ZIP Code + 4 | | | |
| 13.b. Is the Business an Employer or Consultant ? | 14.b. Amount of payment. | | |

| Name of Person Filing Joseph | Wojciechowski | File Number U- |
|------------------------------|---------------|----------------|
| | | |

| 8. Name and address of Business (including trade name, if any). | 9. Business deals with: | |
|---|--|--|
| Name Amalgamated Bank of New York | a. Labor Organization | |
| Trade Name, if any: | | |
| P.O. Box, Bldg., Room No., if any | b. Trust | |
| Street 15 Union Square | c. Employer | |
| City New York | | |
| State New York ZIP Code + 4 10003 | | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealing. | |
| Name Local 812 Health Fund | Provides banking services | |
| Halle Bocal Old Realist Date | | |
| Trade Name, if any: | | |
| P.O. Box, Bldg., Room No., if any | | , |
| Street 202 Summerfield Street | | |
| City Scarsdale | | |
| State New York ZIP Code + 4 10583 | 11.b. Approximate dollar value of such dealing. | . \$8,000 |
| | 12.a. Nature of interest held or income received. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | Holiday gift blanket, the value of | which is |
| | - The state of the | |
| | ADDITION AND ADDITION AND ADDITIONAL ADDITIO | |
| | | |
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| | 1 de la | |
| | Table of the second | at vocase of |
| | | |
| | 12.b. Amount. | \$38 |

| Name of Person Filing Joseph | File Number U- |
|------------------------------|----------------|
| | |

| 8. Name and address of Business (including | trade name, if any). | 9. Business deals with: | |
|--|----------------------|--|--|
| Name Novak Francella LLC | | a. Labor Organization | |
| Trade Name, if any: | | | |
| P.O. Box, Bldg., Room No., if any | | b. Trust | |
| Street Two Bala Plaza | | c. Employer | |
| City Bala Cynwyd | | | |
| | P Code + 4 19004 | | |
| 10. If 9.b. or 9.c. is checked give trust or employe | • | 11.a. Nature of such dealing. | |
| Name Name | | provides accounting services | |
| | | | |
| Trade Name, if any: | | | |
| P.O. Box, Bldg., Room No., if any | | | |
| Street | | | |
| City | | | |
| State | P Code + 4 | 11.b. Approximate dollar value of such dealing. | \$18,000 |
| | | 12.a. Nature of interest held or income received. | |
| | | Novak Francella provided a meal on discuss union accounting issues | 3/15/2004 to |
| | | | |
| | | | |
| | | | |
| | | | To a second seco |
| | | | |
| | | 12.b. Amount. | \$217 |

| Name of Daniel English | Wojciechowski | File Number U- |
|------------------------|---------------|----------------|
| | | |

| 8. Name and address of Business (inc | luding trade пате, if any). | 9. Business deals with: | |
|---|--|---|--|
| Name Local 812 Retirement | Fund | a. Labor Organization | |
| Trade Name, if any: | | L Tour | |
| P.O. Box, Bldg., Room No., if any | | b. Trust | |
| Street 188 Summerfield Stree | et | c. Employer | |
| City Scarsdale | | | |
| State New York | ZIP Code + 4 10583 | | |
| 10. If 9.b. or 9.c. is checked give trust or | employer's name. | 11.a. Nature of such dealing. | |
| Name | <u> </u> | | |
| Jack Land Control of the Control of | *************************************** | | |
| Trade Name, if any: | 1880-logiste (f. 1881-1880). A sis sea anno scriptura anno sa anno ano calcular de chaladad. | | |
| P.O. Box, Bldg., Room No., if any | | | 1 |
| Street | | | |
| City (| | | |
| State New York | ZIP Code + 4 | 11.b. Approximate dollar value of such dealing. | |
| | | 12.a. Nature of interest held or income received. | |
| | | Local 812 Retirement Fund is a rel to Teamsters Local812 IBT. The Fun expenses related totrustee attenda conferences in n.c. and annual IFE trustee didnot attend New Orleans was reimbursed. | d paid for nce at IFEBP BP dues. The |
| | | 12.b. Amount. | \$1,565 |

| Name of Person Filing Joseph | Wojciechowski | File Number U- |
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| 8. Name and address of Business (include | ling trade name, if any). | 9. Business deals with: | |
|---|--|--|--|
| Name Local 812 Retirement Fr | und 4 | a. Labor Organization | |
| Trade Name, if any: | | | |
| P.O. Box, Bldg., Room No., if any | | b. Trust | |
| Street 188 Summerfield Street | THE TAX OF THE PROPERTY OF THE | c. Employer | |
| City Scarsdale | | | |
| State New York | ZIP Code + 4 10583 | | |
| 10. If 9.b. or 9.c. is checked give trust or em | ployer's name. | 11.a. Nature of such dealing. | |
| Name | | | |
| Trade Name, if any: | | | 1 |
| P.O. Box, Bldg., Room No., if any | | | Ave. and an average and a second a second and a second and a second and a second and a second an |
| Street | | | |
| 00001 | | | |
| City | ra da dimensara ende sentarana a sincia sant adribitate da subas comunicativi di discrimina di bebesada da d | | |
| State | ZIP Code + 4 | 11.b. Approximate dollar value of such dealing. | |
| | | 12.a. Nature of interest held or income received. | |
| | | The Local 812 Retirement Fund is r organization to Teamsters Local 81 paid the trustee expenses to atten conference in Hollywood, FL during | 2 IBT.The Fund md an investment |
| | | | |
| | | 12.b. Amount. | \$1,365 |
| | | IZ.D. AIROUR. | , ,,,,,,, |

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|------------------------------|--|---|
| Name of Person Filing Joseph | Wojciechowski | File Number U- |
| | | |

| 8. Name and address of Business (including trade name, if any). | 9. Business deals with: |
|--|--|
| Name Local 812 Health Fund | a. Labor Organization |
| Trade Name, if any: | a. Labor Organization |
| P.O. Box, Bldg., Room No., if any | b. Trust |
| The contract of the contract o | c. Employer |
| Street 202 Summerfield Street | Sacral Control of the |
| City Scarsdale | |
| State New York ZIP Code + 4 10583 | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealing. |
| Name | The state of the s |
| Trade Name, if any: | The state of the s |
| Las annuments and annuments of many comments and annuments and annuments of the state of the sta | |
| P.O. Box, Bldg., Room No., if any | |
| Street | n parameter and a second secon |
| City | The second secon |
| Appetition for the second control cont | |
| State ZIP Code + 4 | 11.b. Approximate dollar value of such dealing. |
| | 12.a. Nature of interest held or income received. |
| | Local 812 Health Fund is a related organization to Teamsters Local 812 IBT. The Fund paid the annualtrustee dues of IFEPB |
| | |
| | |
| | The state of the s |
| | The state of the s |
| | |
| | 12.b. Amount. \$75 |

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|---|--|--|------------------------|
| Name of Person Filing Joseph Wojciechowski | | File Number U- | |
| Part B Conti | nuation Page | <u> </u> | |
| B. Held an interest in or derived income or economic benefit with monetary value or leasing to, or otherwise dealing with the business of an employer whose emplo (2) any part of which consists of buying from or selling or leasing directly or indirectly your labor organization is interested. | yees your labor organization re | epresents or is actively se | eking to represent, or |
| Name and address of Business (including trade name, if any). | 9. Business deals with: | | |
| Name James Green Esq. Trade Name, if any: | a. Labor Organi | zation | |
| P.O. Box, Bldg., Room No., If any Suite 214 Street 900 Merchants Concourse City Westbury | c. Employer | | |
| State New York ZIP Code + 4 11590 | | | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dea | ling. | |
| Name | Provides legal ser | vices | |
| Trade Name, if any: | | | |
| P.O. Box, Bldg., Room No., if any | | | |
| Street | | | |
| City | | er van anner van mild var van der ver van de versche van de versche de versche de versche de versche de versch | |
| State ZIP Code + 4 | 11.b. Approximate dollar va | lue of such dealing. | \$48,000 |
| | 12.a. Nature of interest he | ld or income received. | |
| | Joseph Wojciechows The value of the c | | a holiday gift. |

12.b. Amount.

\$277

| Name of Person Filing Joseph Wojciechowski | | File Number U- | |
|--|---|-----------------------------|------------------------|
| Part B Contin | uation Page | | |
| B. Held an interest in or derived income or economic benefit with monetary value for leasing to, or otherwise dealing with the business of an employer whose employ (2) any part of which consists of buying from or selling or leasing directly or indirectly your labor organization is interested. | ees your labor organization re | epresents or is actively se | eking to represent, or |
| | | | |
| 8. Name and address of Business (including trade name, if any). | Business deals with: | | |
| Name Blitman & King LLP | [| | |
| Trade Name, if any: | a. Labor Organization | | |
| ta consecuent anno esta consec | b. Trust | | |
| P.O. Box, Bldg., Room No., if any Franklin Center Suite 300 | h. money of | | |
| Street 443 North Franklin Street | c. Employer | | |
| City Syracuse | | | |
| State New York ZIP Code + 4 13204 | | | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dea | ling. | |
| Name Local 812 Health Fund | Provides legal ser | vices | |
| Trade Name, if any: | OPPROVING THE PROPERTY OF THE | | |
| Trade Name, II any. | | | |
| P.O. Box, Bldg., Room No., if any | | | |
| Street 202 Summerfield Street | | | |
| City Scarsdale | resident de l'exploration | | |
| City Scarsdale | *************************************** | | |
| State New York ZIP Code + 4 10583 | 11.b. Approximate dollar va | lue of such dealing. | \$100,000 |
| | 12.a. Nature of interest he | ld or income received. | |
| | Mr Wojciechowski, Fund Trustee was provided a meal to discuss Fund issues. The cost of the meal was | | |
| | Voters a comm | | |
| | AFA-AND-CONTRACTOR | | |
| | | | |

12.b. Amount.

\$65

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|--|----------------|--|--|
| Name of Person Filing Joseph Wojciechowski | File Number U- | | |
| Part C Continuation Page | | | |
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| Part C Continuation Page | | | |
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| C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value. | and B above) or from any labor relations consultant to an employer any | | |
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). | 14.a. Nature of payment. | | |
| Name Pryor Cashman Sherman & Flynn LLP | In December 2004, in celebration of Christmas/ Chanukah holidays, as a gesture of goodwill a gift of a fruit basket was made to Mr. | | |
| Trade Name, if any: | Wojciechowski | | |
| P.O. Box, Bldg., Room No., if any | | | |
| Street 410 Park Avenue | | | |
| City New York | | | |
| State New York ZIP Code + 4 10022 | | | |
| 13.b. Is the Business an Employer or Consultant? | 14.b. Amount of payment. \$87 | | |
| C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value. | and B above) or from any labor relations consultant to an employer any | | |
| Name and address of Employer or Labor Relations Consultant (including trade name, if any). | 14.a. Nature of payment. | | |
| Name | | | |
| Trade Name, if any: | | | |
| P.O. Box, Bldg., Room No., if any | | | |
| Street | | | |
| City | | | |
| State ZIP Code + 4 | | | |
| 13.b. Is the Business an Employer or Consultant? | 14.b. Amount of payment. | | |
| C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. | | | |
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). | 14.a. Nature of payment. | | |
| Name | | | |
| Trade Name, if any: | | | |
| P.O. Box, Bldg., Room No., if any | | | |
| Street | | | |
| City | | | |
| State ZIP Code + 4 | | | |
| 13.b. Is the Business an Employer | 14.b. Amount of payment. | | |

| Name of Person Filing Joseph | Wojciechowski | File Number U- |
|------------------------------|---------------|----------------|

| 8. Name and address of Business (include | ding trade name, if any). | 9. Business deals with: | |
|---|---|---|---|
| Name Lazard Asset Managemen | lt. | a. Labor Organization | |
| Trade Name, if any: | A 1800 No. 11.2000 in principle. Service in principle on the principle of | youngering | |
| P.O. Box, Bldg., Room No., if any | | b. Trust | |
| Street 30 Rockefeller Plaza | *************************************** | c. Employer | |
| City Scarsdale | | | |
| State New York | ZIP Code + 4 10112 | | |
| 10. If 9.b. or 9.c. is checked give trust or em | polover's name. | 11.a. Nature of such dealing. | |
| | | Provides investing services | |
| Name Local 812 Retirement F | und | | |
| Trade Name, if any: | | | |
| P.O. Box, Bldg., Room No., if any | | | |
| | | | |
| Street 188 Summerfield Street | | | *************************************** |
| City Scarsdale | | | |
| - DOUL STATE | | | |
| State New York | ZIP Code + 4 10583 | 11.b. Approximate dollar value of such dealing. | \$100,000 |
| | | 12.a. Nature of interest held or income received. | |
| | | Mr Wojciechowski,Trustee, Teamster Retirement Fund was provided a mea 13,2004 to discuss investment issu- cost of the meal was | l on February |
| | | 12.b. Amount. | \$118 |

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|--|--|--|--|
| Name of Person Filing Joseph Wojciechowski | | File Number U- | |
| Part B Contin | nuation Page | | |
| B. Held an interest in or derived income or economic benefit with monetary value or leasing to, or otherwise dealing with the business of an employer whose employ (2) any part of which consists of buying from or selling or leasing directly or indirect your labor organization is interested. | rees your labor organization re | presents or is actively see | eking to represent, or |
| Name and address of Business (including trade name, if any). | 9. Business deals with: | - | |
| Name Independent Fiduciary Services, Inc | a. Labor Organi: | zation | |
| Trade Name, if any: | | | |
| P.O. Box, Bldg., Room No., if any Suite 1120 | (X) b. Trust | | |
| Street 805 15th Street NW | c. Employer | | |
| City Washington | | | |
| State New York ZIP Code + 4 10583 | | | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such deal | ing. | |
| Name Local 812 Retirement Fund | Provides invesment | monitoring serv | ices |
| Trade Name, if any: | | | a management of the state of th |
| P.O. Box, Bldg., Room No., if any | | | |
| Street 188 Summerfield Street | | | |
| City Scarsdale | nona agrantino o o o o o o o o o o o o o o o o o o | | |
| State New York ZIP Code + 4 10583 | 11.b. Approximate dollar va | lue of such dealing. | \$150,000 |
| | 12.a. Nature of interest he | d or income received. | |
| | Trustee Wojciechow lunch, refreshment in the aggregate 3 investment seminar | s and other ament 79.for a during a | ities, totalling |

12.b. Amount.

\$379